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CORIXA

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32111 7590 11/28/2003

**CORIXA CORPORATION  
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Kelli J. Endreson	(Depositor's name)
<i>Kelli J. Endreson</i>	(Signature)
January 14, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/825,294	04/03/2001	Jiangchun Xu	210121.484C5	4060

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR THE THERAPY AND DIAGNOSIS OF OVARIAN CANCER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CLOW, LORI A	1631	536-023100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Eric M. Barzee  
2. Cynthia L. Shumate  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Corixa Corporation

Seattle, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Publication Fee  
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(Authorized Signature) Kristin Walker (Date) 1/14/04

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03 FC:8001	3.00 DA

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PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/3 \* RCVD AT 1/14/2004 3:23:56 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-2/2 \* DNIS:7464000 \* CSID:2067545994 \* DURATION (mm-ss):01-28



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# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/825,294
Filing Date	April 3, 2001
First Named Inventor	Jiangchun Xu
Group Art Unit	1631
Examiner Name	Lori A. Clow
Attorney Docket No.	484C5

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration of Raymond L. Houghton, Ph.D. <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <u>Issue Fee Transmittal</u>   
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Kristen K. Walker Registration No. 52,335	32111 PATENT TRADEMARK OFFICE
Signature	<i>Kristen Walker</i>	
Date	1/14/04	

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that, on the date specified below, this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 746-4000.		
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